DISCLOSURE SUMMARY PAGE

For Office Use Only MAY 2 3 2002 COMMITTEE NAME (Must be same as on Statement of Organization) Comm. # NEW DEMOCRAT NETWORK Indexed Audited IMPORTANT: Indicate type of committee you are reporting for: して Computer (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate 5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee 8)Support State of Candidates. 202 844.9700 SIGNATURE OF TREASURER (or person filing this report) Penalties Due For Late Filed Reports Range from \$10 to \$400 SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: I AM FILING A REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one report date) CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election County & Local Committees, enter County in Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, 7.885.67 or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule C: Fund-raising Events total (Attach Schedule C) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ 70.000.00 SUBTRACT TOTAL MONEY SPENT THIS PERIOD 21,500.00 Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report, balance must UNPAID BILLS (From Schedule D - Attach Schedule D)\$ **CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN** (Schedule G Attached?) ____ YES ____ NO VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FORM DR-2

(Rev. 02/96)

DISCLOSURE

REPORT

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
No D - + A/I ak
New Democrat Network

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
Ø CHE	CK THIS BOX IF
AME	NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
01/29/02	ID# N/A CK# N/A	Blain Hull 141 West Jackson Blod Chicago, IL 60604	~/A	\$ 10,000	
3/24/02	ID# M/7 CK# M/A	Chicago, IL 60604 Alan Horn 335 N. Maple Drive Benerly Hills, 1A 90210	MA	10,000	
	ID#				
	CK#				}
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			SUB-TOTAL	20.000	

TOTAL (if last page of this schedule)

20,000

\$20,000

* Disclosure law requires candidate committees to disclose the relationship of any relative mixing a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ______

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

	B (Rev. 08/96)	MONETARY EXPENDITURE		
	CHECK THIS BOX IF			

SCHEDULE

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

New Democrat Network

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
01/10/02	CK# /005	Recder Campaign 124 13th Ave. NE Delwein, 1A SOGGZ	Contribution		\$ 6500,00
05/02/02	ID# 703 CK# /006	Committee & Elect Matt Meloy 3201 SW 914 St. Des Moines, 1A 50315	Contribution		10,000.0V
Osporpor	ID# 315 CK# /cc7	Wise Voters 503 Grand Avenue Keokuk, IA 52632	Contribution		5,000.00
	ID# CK#			- 2	
	ID# CK#			į	
	ID# CK#				
	ID# CK#				·
			S	UB-TOTAL	\$ 21,500

TOTAL (if last page of this schedule)

\$ 21,500

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

*Campaign funds may be used only for:

- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the category column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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